

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

AUG 15 2005

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>7898</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>JAVIL</u> <u>DELGADO, SR.</u> P.O. Box, Bldg., Room No., if any Street <u>512 W. ADAMS</u> City <u>PHOENIX</u> State <u>Arizona</u> ZIP Code + 4 <u>85003-1609</u>	4. Name, file number, and address of labor organization. Name <u>LABORERS LCOAL UNION #383</u> Labor Organization File Number <u>030-387</u> P.O. Box, Building and Room Number, if any Street <u>512 W. ADAMS</u> City <u>PHOENIX</u> State <u>Arizona</u> ZIP Code + 4 <u>85003-1609</u>
5. Position in labor organization. <u>PRESIDENT</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Javi Delgado

On

8-9-05

Date

602 258-6521

Telephone Number

Name of Person Filing JAVIL DELGADO, SR.	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name LABORERS HEALTH&WELFARE FUND OF NORTH AMERIC</p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street 905 16TH STREET NW</p> <p>City WASHINGTON</p> <p>State District of Columbia ZIP Code + 4 20006</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name NEW MEXICO & WEST TEXAS MULTI-CRAFT</p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any P O BOX 11399</p> <p>Street 1200 SAN PEDRO NE</p> <p>City ALBUQUERQUE</p> <p>State New Mexico ZIP Code + 4 87192-0399</p>	<p>11.a. Nature of such dealing.</p> <div style="border: 1px solid black; padding: 5px; min-height: 80px;"> BOARD MEETING DISCUSSION REGARDING LABORERS LOCAL #383 MEMBERSHIP TRANSFER </div> <p>11.b. Approximate dollar value of such dealing. <input type="text"/></p> <p>12.a. Nature of interest held or income received.</p> <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> DINNER 03/01/2004 -- \$67.00 </div> <p>12.b. Amount. <input type="text"/> \$67</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <input type="text"/></p>

Name of Person Filing	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name <input type="text" value="OHIO VALLEY & SOUTHERN STATES L.E.C.E.T."/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text" value="25 CENTURY BLVD. SUITE 305"/> City <input type="text" value="NASHVILLE"/> State <input type="text" value="Tennessee"/> ZIP Code + 4 <input type="text" value="37214"/>	9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer																
10. If 9.b. or 9.c. is checked give trust or employer's name. Name <input type="text"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	11.a. Nature of such dealing. <input type="text"/> 11.b. Approximate dollar value of such dealing. <input type="text"/> 12.a. Nature of interest held or income received. <table><tr><td>AZ NUCLEAR SAFETY</td><td>06/14/04</td><td>----</td><td>\$42.30</td></tr><tr><td>AZ NUCLEAR SAFETY</td><td>06/15/04</td><td>----</td><td>\$41.45</td></tr><tr><td>AZ NUCLEAR SAFETY</td><td>06/16/04</td><td>----</td><td>\$32.13</td></tr><tr><td>RECEPTION MEAL</td><td>11/11/04</td><td>----</td><td>\$45.95</td></tr></table> 12.b. Amount. <input type="text" value="\$162"/>	AZ NUCLEAR SAFETY	06/14/04	----	\$42.30	AZ NUCLEAR SAFETY	06/15/04	----	\$41.45	AZ NUCLEAR SAFETY	06/16/04	----	\$32.13	RECEPTION MEAL	11/11/04	----	\$45.95
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C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name <input type="text"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	14.a. Nature of payment. <input type="text"/>
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